

## DEPARTMENT OF BENEFIT PAYMENTS



April 23, 1974

ALL-COUNTY LETTER NO. 74-66

TO: ALL COUNTY WELFARE DIRECTORS

OBSOLETE

Superseded by

ACL 77-15

Issued

3-17-77

SUBJECT: Responsible Relative Program

## REFERENCE:

All-County Letter No. 74-52, dated March 25, instructed counties on the conversion of responsible relative data to the state. This letter is to clarify reporting instructions in that letter, and to modify the requirements of EAS Manual Section 46-416.2b to enhance the counties' conversion efforts.

Responsible Relative's Income

On page 5 of the SSP-8 procedures which accompanied All-County Letter 74-52, it is described how the relative's gross income is to be entered in field number 15. This income figure is to be the monthly gross income, taken from line number 6 of form AG 225, labeled "total income per month from all sources...". The example SSP-8 and SSP-9 forms which accompanied the instructions inadvertently expressed a yearly income figure for item 15. A revised example sheet with a monthly figure in this item is attached.

In-Kind Contributions

For those responsible relatives who are currently meeting all or part of their monthly liability through an in-kind contribution, counties will record the dollar amount of that monthly contribution on the SSP-8 and SSP-9 forms in the space directly below item 17 (second recipient SSAN) and label it "in-kind contribution amount." This will ensure that those relatives are not billed for that amount of their liability on July 1.

Redetermination of Responsible Relatives' Liabilities

EAS Manual Section 46-416.2b requires that the liability or nonliability of each adult child shall be redetermined at least every two years. In order that counties may concentrate their efforts on the conversion process, the application of this section is hereby waived in cases where, based on the last investigation, the responsible relatives' liabilities were zero. Counties shall continue to investigate a responsible relative's liability according to Sections 46-416.2a and 46-416.2c.

If you have any questions concerning the above instructions, please contact the Adult Program Management Branch at (916) 322-2676.

Sincerely,

  
DAVID B. SWOAP  
Director

Attachment

cc: CWDA

109235168

RECIPIENT SSAN

RECIPIENT/RESPONSIBLE RELATIVE  
COUNTY TO STATE CONVERSION FORM

1

A

SMITH

RECIPIENT LAST NAME

MALLRENE

FIRST NAME

A

MI

3

CHILD.

CIPIENT  
DATA

7

RECIPIENT ADDRESS LINE 2

10

95842

ZIP CODE

8

SACRAMENTO

CITY

9

STATE

95842

ZIP CODE

2

A

SMITH

RELATIVE LAST NAME

LAWRENCE

FIRST NAME

MI

(BLANKS)

A

(BLANKS)

RESPONSIBLE  
DATA

6

APT 306

RELATIVE ADDRESS LINE 2

9

90021

ZIP CODE

7

LOS ANGELES

CITY

8

STATE

90021

ZIP CODE

10

M 090632 559556391

SEX

DATE OF BIRTH

RELATIVE SSAN

12

RELATIVE SSAN

OCCUPATION

ACCOUNTEANT

11

4

DEP

50000

GROSS INCOME

25000

IN DEBT PRIOR 1-74

16

2ND RECIPIENT SSAN

225 NONRESPONSE

17

18

SUPPLEMENTAL CONVERSION FORM FOR RECIPIENTS  
WITH 2 OR MORE RESPONSIBLE RELATIVES

109235168

RECIPIENT SSAN

REC 2

SUF B

S M I T H

RELATIVE LAST NAME

W I L L I A M

FIRST NAME

MI J

(BLANKS)

P O B O X 5 3 9

RELATIVE ADDRESS LINE 1

RELATIVE ADDRESS LINE 2

S T A T E L I N E

CITY

STATE

8 9 9 8 6

ZIP CODE

RESPONSIBLE  
RELATIVE  
DATA

SEX

DATE OF BIRTH

RELATIVE SSAN

OCCUPATION

DEP

GROSS INCOME

IN DEBT PRIOR 1-74

2ND RECIPIENT SSAN

225 NONRESPONSE

REC 2

SUF C

M C H E N R Y

RELATIVE LAST NAME

C A R O L

FIRST NAME

MI M

(BLANKS)

C / O J . C . P A L M E R

RELATIVE ADDRESS LINE 1

L O 3 9 2 S W H I T E R O C K R D

RELATIVE ADDRESS LINE 2

M A D D E R A

CITY

STATE

9 5 8 2 0

ZIP CODE

RESPONSIBLE  
RELATIVE  
DATA

SEX F

DATE OF BIRTH

RELATIVE SSAN

OCCUPATION

L E G A L S E C R E T A R Y

DEP

GROSS INCOME

IN DEBT PRIOR 1-74

2ND RECIPIENT SSAN

225 NONRESPONSE